

MULTIPLE DEPEN CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 1344233	FILING DATE						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2		1				52							
3		1				53							
4		1				54							
5		1				55							
6	C	C				56							
7		1				57							
8		1				58							
9		1				59							
10	1					60							
11		1				61							
12	C	C				62							
13		1				63							
14		1				64							
15	1					65							
16		1				66							
17		1				67							
18		1				68							
19		1				69							
20		1				70							
21		1				71							
22		1				72							
23		1				73							
24		1				74							
25	1					75							
26		1				76							
27		1				77							
28	C	C				78							
29		1				79							
30		1				80							
31	1					81							
32		1				82							
33		1				83							
34		1				84							
35		1				85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	5												
TOTAL DEP.	27												
TOTAL CLAIMS	32												